



**Connection
in Action**

Connection in Action Referral Form

Service Area: Halton

Phone: (905) 844-2299

Fax: (289) 295-1306

Email: Hello@ConnectionInAction.ca



Links2Care

Client Information													
Last Name				First Name									
Referral Date				Date of Birth									
Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Single	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
Address								Apt #		Code			
City					Prov.			Postal Code					
Main Phone					Other Phone								
Preferred Language			English		<input type="checkbox"/>	Other							
Housing	House	<input type="checkbox"/>	Apt.	<input type="checkbox"/>	None	<input type="checkbox"/>	Other						
Best time and way to contact client													
List any accessibility or accommodation needs													
Referral Source													
Myself	<input type="checkbox"/>	Someone I know		<input type="checkbox"/>	Agency	<input type="checkbox"/>	Agency Name						
Referral Source Name													
Email						Phone							
Client is in agreement with referral to Connection in Action and with their personal information being shared										Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Additional information													